



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



THOMAS D. WATKINS, JR.
SUPERINTENDENT OF
PUBLIC INSTRUCTION

**FISCAL YEAR 2004
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #8**

TO: Child and Adult Care Food Program Sponsors

FROM: Julie Stark, Interim Director
Office of School Support Services

DATE: March 29, 2004

SUBJECT: Administrative Reminders

Application Modifications

Your organization has been approved to claim meals and snacks during the months identified on your Fiscal Year 2004 Child and Adult Care Food Program (CACFP) application. Refer to CNAP to check your Sponsor and Site Application (<http://cnap.mde.state.mi.us/cnap/>)

If your program changes during the fiscal year and the change impacts the months of operation or the meals or snacks to be claimed, you must notify the appropriate application processor by email, telephone or mail the month before the changes take place. Your correspondence must state, "Application Update for (institution name), Agreement # ____ . State if you are a single or multi site sponsor". If you are making the request by email, include "CACFP" in the subject line. A specialist will make the changes to your original CNAP Application.

Direct your request as follows:

- If you are a single-site institution and your Agreement Number begins with 25, 41, 63 or 82, notify Patrick Fox at foxpj@michigan.gov
- If you are a single-site institution and your Agreement Number begins with any other number, notify Christine Clements at clementsc@michigan.gov
- If you are a multi-site sponsor and your Agreement Number begins with 0 – 51, notify Donna Osbo at osbod@michigan.gov
- If you are a multi-site sponsor and your Agreement Number begins with 52 – 83, notify Daniel Alvarez at alvarezd@michigan.gov

Please follow the procedures identified in this memorandum to notify our office of any modifications to your current fiscal year (October 1, 2003- September 30, 2004) application. Failure to make the appropriate changes may impact your claim reimbursements, audits, and/or program review.

A. Months of Operation

Notify the appropriate Specialist by email.

- ✓ Request a change to your approved months of operation.
- ✓ List the name and license number of each site that will be affected.

B. Meal Types and/or Snack Changes

Notify the appropriate Specialist by email.

- ✓ Request a change to your approved meals or snacks.
- ✓ List the name and license number of each site that will be affected.

C. Capacity

Notify the appropriate Specialist by email.

- ✓ Request a change to your approved license capacity.
- ✓ Send a copy of the new license from the Michigan Family Independence Agency, Office of Children and Adult Licensing, which notes the capacity change, or a copy of the letter from your licensing consultant indicating the capacity change and the approved licensing date for the facility.

D. License Number

Submit a new site application on CNAP when the license number of a currently approved site changes. Submit a copy of:

- ✓ The new license from the Michigan Family Independence Agency, Office of Children and Adult Licensing, or a copy of the most recent letter from your licensing consultant concerning the status of the license.

Note: The approval date of a new site will be the date a "complete and correct" application is received in the CACFP office.

E. Food Service Contracts

Notify the appropriate Specialist by email.

According to 7CFR 226.21 (a)(8)(c), sponsors must notify the State Agency when a new food service contract is negotiated. Submit a copy of the food service contract.

F. Federal Employee Identification Number (FEIN)

Submit a new site application on CNAP when the FEIN changes.

A new license must be submitted when ownership changes. Submit a copy of the license to the State Agency.

G. Personnel/Address

Notify the appropriate Specialist by email.

- ✓ Request a change in your organization's Authorized Official, Contact Person, mailing address or e-mail address.
 1. Notify the Department of Management and Budget (DMB) of any address changes in order to update payment records on MAIN.
Use www.cpexpress.state.mi.us to make changes to self-managed file.
 2. If applicable, update account user management information in MEIS. Web address: <http://michigan.gov/meis>
 3. If applicable, submit an Updated@MEIS Security Access form for claim certification authority. (Web address: <http://michigan.gov/meis> scroll down to CACFP Security Agreement).

H. No Longer Participating

- Notify the appropriate Specialist by e-mail stating when you will be discontinuing CACFP participation (effective month, day, year).
- The Agreement will be considered terminated effective the date specified by the sponsor.
- The reimbursement claim for the final month must be complete, correct and electronically submitted and certified no later than 60 days following the end of the reporting month.
- The Security Access form will be terminated after the final claim has been certified.

Remember, only Level 3 personnel can make changes in participation status. Security access codes must be used by the approved individual ONLY.

Combining Claim For Reimbursement Data

Do not combine two months on one claim. **Exception:** if the first or last month that a center operates in a fiscal year (October 1st through September 30th) contains claim data for 10 days or less, a center can choose to combine this data with claim data from the preceding or succeeding month. Combined claim days **must not exceed** the total number of days in the calendar month in which the claim is being submitted. Combining June and July should be avoided because of the USDA rate change that takes place in July. Any variance to this instruction must be approved in advance by USDA.

Data from September and October cannot be reported on the same claim since each month is in a different fiscal year.

Check Your Mail and E-Mail

It is important to check your mail and email for correspondence from the Michigan Department of Education, Child and Adult Care Food Program, even if your operation closes for vacations/holidays. Submit Claims for Reimbursement, Claim Amendments, and Corrective Action Reports within the time frames. Do not risk losing reimbursement.

If you have any questions, email MDE-CNAP-CACFP@michigan.gov or contact the Child and Adult Care Food Program, Office of School Support Services, at (517) 373-7391.

Application Approvals

Ruby Dixon approves Security Access Forms. Jacki Higdon is the CACFP claim processor. Contact your approver for any and all application and review issues. When leaving a message, please leave your agreement number, telephone number with area code and sponsor name. If you do not hear from MDE within three weeks from the time of submittal, follow up with a Specialist.

✓ Please keep this memo on file or in a notebook for quick and easy reference.

JS/bls/glm